

FOR OFFICE USE ONLY

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_



# Application to Register Beano/Bingo

**MGCU - 5000**

\*\*The application (to include the house rules) and registration fee must be received by the Gambling Control Unit at least ten business days prior to the Bingo Occasion\*\*

**Beano/Bingo:** \$5.00 Special Per Game Registration; \$12 Calendar Week (Monday through Sunday); \$36 Calendar Month; \$400 Calendar Year

Make check payable to Treasurer, State of Maine

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**Return the completed and signed application to:**

**Department of Public Safety  
Gambling Control Unit  
Central Maine Commerce Center  
87 State House Station  
45 Commerce Drive, Suite 3  
Augusta, Maine 04333-0087  
(207) 626-3900 – Office  
(207) 287-4356 – Fax**

1. Organization Name: \_\_\_\_\_

Organization Number (NPO or NCO): \_\_\_\_\_ Federal Tax ID # (EIN): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Current Officers:

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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3. Location where Beano/Bingo is to be conducted:

BUILDING	ADDRESS	CITY/ZIP
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4. Person responsible for conduct of Beano/Bingo:

NAME	DAYTIME PHONE & EVENING PHONE
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E-Mail Address: \_\_\_\_\_

5. Check the day(s) of the week you will be conducting Beano/Bingo:

Mon      Tue      Wed      Thu      Fri      Sat      Sun

6. What time do the doors open? \_\_\_\_\_ What time does the game start? \_\_\_\_\_

7. Dates – Please specify the dates of the Bingo Occasion(s). If more space is needed, please attach a separate sheet of paper with this information on it.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Does the organization own all the equipment used in operating Beano/Bingo? Yes  No

If “NO”, Attach a sheet of paper to this application explaining the circumstances under which the equipment was acquired. **Please write your organization name and number on the sheet.**

9. Has any current officer of the organization or association ever been convicted of or have any charges currently pending for violating the gambling or lottery laws of the United States or the State of Maine?

Yes  No

If “YES” attach a sheet of paper to this application providing the person’s name, address, and date and place of conviction or date and location of pending charge. **Please write your organization name and number on the sheet.**

10. Does the organization have any delinquent / outstanding Disposition of Funds Reports? Yes  No

If “YES” include all reports with this application. If the reports are not included, this application is considered incomplete.

**11. Fair Association Only:** Attach a list of the names and home addresses of the persons operating or assisting in the registered activity. **Please write your organization name and number on the list.**

**12.** The following consent must be completed by the municipal officers of the city or town where the Beano/Bingo will take place unless a separate “Letter of Approval” is attached to this application.

Check here if you have attached a “Letter of Approval.” Letters that have an expiration date of greater than five years from the issue date will not be accepted by this office.

### **Municipal Consent to Register**

The undersigned municipal officers of the City/Town of \_\_\_\_\_ hereby certify that we consent to the registration by \_\_\_\_\_ to operate Beano/Bingo in accordance with the provisions of 17 M.R.S.A. Chapter 13-A and in accordance with the Rules promulgated by the State of Maine, Department of Public Safety, Gambling Control Unit governing the operation of Beano/Bingo.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

**13.** The applicant agrees to obey Federal, State of Maine laws, and rules governing Beano/Bingo promulgated by the Department of Public Safety, Gambling Control Unit. The applicant warrants the truth of the foregoing statements on penalty of perjury.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Age 18 or older: Yes  No

**NOTE: Ensure a Copy of the House Rules for Bingo are attached to the application.**